



Residency Affidavit for PARENTS or GUARDIANS Residing with Friends or Relatives

This form is valid for ONE (1) school year only. To ensure continued enrollment in Olentangy Schools, you must complete a new form by **August 1st of each school year**.

I, _____, certify that I have established residency within the boundaries of the Olentangy School District and I do not live at another address.

My address of residency is _____ and I certify that this is the residence where myself and my school-aged children engage in the majority of significant family activities, such as eating daily meals and sleeping.

The following school aged children reside with me at the address listed:

Child's First Name	Child's Last Name	Date of Birth (M/D/Y)

Acknowledgements (please initial each statement)

_____ I understand that I must provide a **current (within 30 days) official piece of mail** with the address I have listed above. An *official* piece of mail can be a utility bill (electric, gas, sewer, and water), a stamped copy of the USPS Change of Address form, email confirmation from BMV updating the address on the driver's license, court notice, social services document, or an email from the employer confirming that the address and the school district income tax deduction has been updated. The document must be emailed to NSWC@OLSD.US within 30 days of the application date.

_____ I understand that providing false information on this form constitutes the crime of falsification under Ohio Revised Code section 2921.13, a first-degree misdemeanor, punishable by a monetary fine and/or term of imprisonment as well as civil liability, including back-tuition, attorney's fees, and other expenses incurred by the school district. The child(ren) will be immediately withdrawn from school.

_____ I understand that under policy 5111, Eligibility of Resident and Non-Resident Students, the Board reserves the right to verify each student's residency and other conditions of eligibility for tuition-free education, as well as the validity of the claim of any student to an education in the District. Verification can include unscheduled home visits.

_____ I understand that Olentangy Schools athletic teams will forfeit games if ineligible players enroll under false pretenses.

This section must be completed and signed in the presence of a Notary Public.

Signature (Parent or Guardian): _____ Date: _____

Printed Name (Parent or Guardian): _____

Cell Phone Number: _____

Email: _____

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature Notary Public: _____

Notary Seal:

